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SUBJECT: IAEA/NA: UPDATE ON HUMAN HEALTH PROGRAM

SUMMARY

¶1. (U) The IAEA's human health program seeks to enhance the capabilities of Member States for prevention, diagnosis and treatment of health problems. The basis for these activities is Article II of the IAEA Statute. It calls on the Agency to "accelerate and enlarge the contribution of atomic energy to health." The mandate is carried out by the Division of Human Health, in the Nuclear Sciences and Application Section. The Division has four offices which focus on: nuclear medicine; applied radiation biology and radiotherapy; dosimetry and medical radiation physics; and nutritional and health-related environmental studies. The Agency's activities in nuclear medicine are designed to help Member States address major health issues. The Agency also focuses on education and training, with emphasis on the developing world. Recent initiatives include the launch of a distance-learning course for radiation oncologists, therapy technologists, medical physicists and radiation biologists and a partnership between the Agency and the European Society for Therapeutic Radiology and Oncology to conduct training on best practices in radiation oncology.

PROGRAMS

¶2. (U) The Applied Radiation Biology and Radiotherapy (ARBR) program targets both palliative and curative radiotherapy as well as the use of advanced techniques. The section's work includes both Coordinated Research Projects (CRPs) and Technical Cooperation (TC) projects. The TC component of the ARBR program is focused on training and educational resources for radiation therapy technologists and radiotherapy nurses. ARBR also provides technical support to the Program of Action on Cancer Therapy (PACT). According to the 2008 Annual Report, the Agency has made significant progress in building up the PACT Model Demonstration Sites (PMDSs) in six countries. The program also updates a database, the Directory of Radiotherapy Centers (DIRAC), on worldwide centers and equipment availability.

¶3. (U) The Division of Human Health also has a program in dosimetry and medical radiation physics. The section is responsible for ensuring safety and quality in radiation medicine. Together with the WHO, the Agency provides dosimetry auditing services for medical centers. The Agency's standards have been used to calibrate 20 national standards from Member States. These national standards are in turn used by national dosimetry labs to calibrate instruments. The section also develops codes of practice and guidelines for radiation measurements.

¶4. (U) The Nutritional and Health-Related Environmental Studies

(NAHRES) program is part of the UN's Millennium Development Goals (MDGs) strategy. Its focus is the application of nuclear and isotopic techniques to nutrition and dietary contaminants. These techniques are used to establish guidelines on nutrients intake and to measure body composition, energy expenditure and breast milk intake. The techniques are also used in the diagnosis of osteoporosis and Helicobater pyroli infection. One of the projects carried out by the section involves a tracer dilution technique that estimates the body's retention levels of Vitamin A. The section also studies non-radioactive environmental pollutants that may impact human health and tries to identify solutions to these problems. NAHRES also partners with the Agency's Division of Nuclear Safety to undertake global, regional and local radionuclide measurements, radioactivity monitoring campaigns and research projects.

INTERNATIONAL PARTNERSHIPS

¶5. (U) The Agency frequently partners with the World Health Organization (WHO) to carry put projects related to human health in all four areas of the Division's mandate. Last year, the two organizations validated a new chapter on radiopharmaceuticals in the professional text "International Pharmacopoeia." The PACT project also relies on the support of the WHO, with a recently established Joint Program on Cancer Control. PACT also concluded arrangements with other organizations, including the International Agency for Research on Cancer (IARC) and the Program for Appropriate Technology in Health (PATH). Last year, the OPEC Fund for International Development and the Arab Bank for Economic Development in Africa granted the Agency loans totaling $13.5 million for cancer-related projects in Ghana. The IAEA and the WHO also created a

thermo-luminescent dosimeter (TLD) postal dose audit service to help hospitals verify the output of their radiation sources. There has also been significant collaboration in nutrition-related projects. Together with other international and national agencies, including the U.S. National Institutes of Health (NIH), the two organizations have sponsored meetings on nutrition issues, including HIV/AIDS. The Agency also conducted research on biofortification for improving micronutrient nutrition for infants and children. This project was done in collaboration with HarvestPlus. The Agency also supported the International Malnutrition Task Force (IMTF), which includes the International Pediatric association, the International Union of Nutritional scientists, UNICEF and WHO.

USG PARTNERSHIPS

¶6. (U) In addition to its partnership with the NIH, the Agency has benefitted from other USG agencies and professional organizations in carrying out its human health mandate. The U.S. National Cancer Institute (NCI) granted the Agency in-kind support to train professionals from developing countries in cancer prevention. Argonne National Laboratory continues to host training courses in quality assurance procedures in radiotherapy. Likewise, the American Association of Physicists provided training to medical physicists in dosimetry technology. USAID was one of the partners in the Vitamin A Tracer Task Force that was hosted by the NAHRES section.

DISAGREEMENT OVER "SMART PROTECTION"

¶7. (U) Elsewhere in the Agency, the Division of Nuclear Safety (NS) is involved in health-related issues, specifically the development of an electronic medical card that would measure and record amounts of radioactive dose patients receive as a result of medical procedures. The so-called "Smart Card" was a proposal of UNSCEAR, a non-political group. It responds to a concern from NS, based on reports from various sources, that patients might be getting more radiation dose from medical procedures than is necessary The Smart Card would track how much dose a patient receives. Each time the patient receives a dose, the amount is subtracted from a recommended upper limit or is added up so that it

tracks a patient's total dose. The doctor could see this information, along with data related to previous medical procedures and where they were undertaken, which could be used to inform further medical procedures. If a doctor can see the results of a recent computed tomography (CT) scan performed in another hospital, he may not need to perform the same scan, thereby saving the patients a large radiation dose.

¶8. (U) The Smart Card would function as a database of medical procedures the patient's doctor, regardless of the country, would be able to access. The concept is similar to the electronic medical record (EMR) program being discussed as part of the Administration's health care overhaul. Some doctors would prefer that the Smart Card program followed the procedure-based approach rather than the dose-based approach.

¶9. (U) Although there is no official USG position or unified reaction from the U.S. medical community, some doctors have expressed concern that the program might negatively impact the use of radiation techniques for medical purposes. Even though any 'maximum' limit on the card would be an indicative limit, some believe it may lead patients to believe that any procedure that exceeds the limit will be detrimental to their health, which may not be the case. Some doctors are worried that patients may turn down ultimately life saving procedures for fear of exceeding their "maximum" lifetime dosage. They point out that a 'healthy dose maximum' is a calculation of ranges, not exact numbers, and that many factors, e.g. weight, size and which part of the body was exposed, influence those ranges, so it would be very difficult to calculate a "healthy dose maximum". There is also concern that no medical doctors were involved in UNSCEAR's discussions or the Smart Protection program.

¶10. (U) The Nuclear Regulatory Commission's Advisory Committee on Medical Issues of Isotopes (ACMUI) has been asked to study the program and try to arrive to a consensus U.S. position with members of the medical community.

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